Complication and send this form, together with applicable fee(s), to: Mail Complication of Patents P.O. Box 1450 Accusator in, Virginia 22313-1450 Accusator in Virginia 22313-1450 Accus	IPE	PART B - FEE(S) TRANSMITTAL						
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HITT GAINES, PC AGRES SYSTEMS INC. AGRES SYSTEMS INC. PO BOX 832570 RICHARDSON, TX 75083 RI			any change of address)			Fee(s) Transmittal. This papers. Each additional	s certificate cannot be used I paper, such as an assignment	for any other accompanying
FE:1501 1400,00 DP FE:1501 13.00 DD SEPTEMBER 7, 2005 (DAD) 100,00 DP FE:1501 1400,00 DP FE:1502 1479LCATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 1510 DP FE:1502 1510 DP FE:1502 1510 DP FE:1503 1510 DP FE:1503 1510 DP FE:1504 1510 DP FE:1504 1510 DP FE:1505 1510 DP	HITT GAINES, AGERE SYSTEM PO BOX 832570 RICHARDSON, 7	PC 1S INC. TX 75083				Cer I hereby certify that th States Postal Service waddressed to the Mail transmitted to the USP	tificate of Mailing or Tran. is Fee(s) Transmittal is bein vith sufficient postage for fit Stop ISSUE FEE address TO (703) 746-4000, on the	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR. 09/882,624 06/15/2001 Ian Wylie WYLIE 5 8470 TITLE OF INVENTION: SEMICONDUCTOR DEVICE HAVING AT LEAST ONE SOURCE/DRAIN REGION FORMED ON AN ISOLATION REGION AND A METHOD OF MANUFACTURE THEREFOR APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/13/2005 EXAMINER ART UNIT CLASS-SUBCLASS KIELIN, ERIK J 2813 257-395000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36). Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached. Pree Address' indication (or "Fee Address" Indication form PTO/SB/1/22) attached. The provisional NO Selform of the Selform of the Selform of Selform o	FC:8001	3.00 OP				Septemb	per 7, 2005	~~~~
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Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. Agere Systems Inc. Allentown, PA 18109 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual & Corporation or other private group entity Government	<u> </u>	EXAMINER		ART UNIT		ASS-SUBCLASS		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, cagents OR, alternatively, cagents of agents of the names of up to 3 registered patent attorneys or agents of the names of up to 3 registered patent attorneys or agents of the names of up to 2 registered attorney or agents of the names of up to 3 registered patent attorneys or agents of the names of up to 2 registered patent attorneys or agents. If no name is 1 issted, no name will be printed. (2) the name of a single firm (having as a member a registered attorney or agents. If no name is 1 issted, no name will be printed. (3) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Agere Systems Inc. Allentown, PA 18109 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual \(\frac{1}{2} \) Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Advance Order - # of Copies 1 Payment of Fee(s): Advance Order - # of Copies 1 Payment of Fee(s): Advance Order - # of Copies 1 Payment of Fee(s): Advance Order - # of Copies 1 Payment of Fee(s): Advance Order - # of Copies 1 Payment of Fee(s): A Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the suse Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted	KIELIN	KIELIN, ERIK J		2813		257-395000		
Agere Systems Inc. Allentown, PA 18109 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 1 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 082395 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if eavy) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Parant and Trademark Office. Authorized Signature Date September 7, 2005 Registration No. 44,995	CFR 1.363). Change of correspon Address form PTO/SB/I "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	idence address (or Change of 122) attached. ation (or "Fee Address" Indica or more recent) attached. Us D RESIDENCE DATA TO B	Correspondence ation form e of a Customer BE PRINTED ON 1	(1) the na or agents (2) the na registered 2 registere listed, no	mes of u OR, alter me of a s attorney ed patent name wil	p to 3 registered paternatively, single firm (having as a or agent) and the nam attorneys or agents. If Il be printed.	member a es of up to no name is 3	document has been filed for
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 57 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the save Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Usred States Patent and Trademata Office. Pagment of Fee(s): B A check in the amount of the fee(s) is enclosed. Payment of Fee(s): Deposit Account Number Deposit	(A) NAME OF ASSIGN	NEE	(B	3) RESIDENC	CE: (CIT	Y and STATE OR COU	JNTRY)	
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Authorized Signature Typed or printed name Greg H. Parker Date September 7, 2005 Registration No. 44,995			_	_				_
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